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## BIB DATA SHEET

CONFIRMATION NO. 1767

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/848,800	05/19/2004	606	3739	04182-P0002A
<b>RULE</b>				
<b>APPLICANTS</b> Timothy Graham Frank, Fife, UNITED KINGDOM; Alfred Cuschieri, Fife, UNITED KINGDOM; Duncan Martin, Dundee, UNITED KINGDOM; James Gove, Dundee, UNITED KINGDOM;				
<b>** CONTINUING DATA *****</b> This application is a CON of PCT/EP03/05083 05/15/2003				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 102 24 336.0 06/01/2002				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 07/19/2004				
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/LEE S COHEN/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWINGS</b> 2	<b>TOTAL CLAIMS</b> 22
			<b>INDEPENDENT CLAIMS</b> 1	
<b>ADDRESS</b> ST. ONGE STEWARD JOHNSTON & REENS, LLC 986 BEDFORD STREET STAMFORD, CT 06905-5619 UNITED STATES				
<b>TITLE</b> Medical instrument				
<b>FILING FEE RECEIVED</b> 936	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	